

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022688

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 27 1963

Primary Registration District No.

531

Registrar's No.

1422

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **University City**

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Res 7307 Cornell**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo** b. COUNTY **St. Louis**

c. CITY OR TOWN **University City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7307 Cornell

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First **EDWARD** Middle **JOSEPH** Last **METHUDY**

4. DATE OF DEATH
Month **April** Day **28** Year **1963**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8/25/1879

9. AGE (last birthday)
83

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY
Megue Rubber Co.

11. BIRTHPLACE (City and state or country)
St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Methudy

13b. MOTHER'S MAIDEN NAME

(unknown) Kehr

14. NAME OF HUSBAND OR WIFE
Laura Thompson Methudy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. Laura T. Methudy 7307 Cornell (30)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **ARTERIO SCLEROTIC HEART DISEASE**

INTERVAL BETWEEN ONSET AND DEATH
14R.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **MAY 1 1962** to **APRIL 28, 1963** and last saw him alive on **APRIL 28, 1963**
Death occurred at **222 E. A. H.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS
2100 H. W. S. H. DR

22c. DATE SIGNED
4/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
May 1, 1963

23c. NAME OF CEMETERY OR CREMATORY
Mt. Lebanon Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis County, Mo

24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons

6175 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.

4-30-63

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. O.O. White
2100 Hudson
Un 7-3278

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Vernon S. Vedder

Licensed Embalmer No.

5031

P. O. Address

6175 Delmar
St Louis 12, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.